PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number 10/535239				
		CLAIMS	AS FILED -					SMALL EN	TITY			OTHER THAN SMALL ENTITY	
U.S. NATIONAL STAGE FEES			(Column 1)		(Column 2)		7	RATE		٠ ٦	T		
BASIC FEE			SMALL ENT. = \$ 150		LAR	CE ENT - ¢ 200	┨	<u> </u>	FEE	-	RATE	FEE	
EXAMINATION FEE			Satisfies PCT Article 33(1)-		LARGE ENT. = \$ 300 All other situations =		1	BASIC FEE	 	OR	BASIC FEE	300	
:			(4) = \$50/\$100		\$ 100 / \$ 200 U.S. is ISA = \$ 50 / \$ 100			EXAM. FEE		1	EXAM. FEE	200	
SEARCH FEE			Search Rpt.) = \$ 250 / \$ 500		ALL other countries = \$ 200 / \$ 400			SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =		1	X \$ 125 =		1	X \$ 250 =	250	
TOTAL CHARGEABLE CLAIMS			30 minus 20 =		· 10			X \$ 25 =		OR	X \$ 50 =	500	
INDEPENDENT CLAIMS			2 m	inus 3 =	*			X \$ 100 =	 	OR	X \$ 200 =	100	
MULTIPLE DEPENDENT CLAIM PRE			ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If	the difference	in column 1 is	less than zero	, enter "C)" in co	olumn 2	1	TOTAL		OR	TOTAL	1650	
	1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		ОR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT.		
		(Column 1)		(Colum		(Column 3)					•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	ſ	·X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=	Ī	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM		Ī	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT:		OR	TOTAL ADDIT.		
***	If the "Highest Nu If the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid nber Previously Paid	d For" IN THIS SPA d For" IN THIS SPA	ACE is less ACE is less	than '20 than '3'	', enter "20". enter "3"	n the		in column 1.				

FORM PTO-875 (Rev. 02/2005)

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